



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Request for Examination Review

Read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

- This form is only for applicants who did not achieve a passing score on an examination administered by the department or provided by a licensing board and who want to challenge one or more of the answers marked as incorrect.
- This form will only be accepted if submitted to the division within 30 days after notification of the examination results were sent to the applicant.
- In accordance with 12 AAC 02.400, the examination review must be conducted in the presence of division staff or the division's designee at the time scheduled by the division but will not be conducted if a reexamination is scheduled within 30 days of the examination review.
- Division staff will bring a copy of the questions you answered incorrectly, including questions that were asked in true or false, multiple-choice, and word bank formats for your reference as you provide written challenge(s). The division will not provide any indication of the correct answer, nor will they inform you at the time of the examination review whether you will be receiving credit. The results of your examination review will only be issued once the division or appropriate licensing board or staff has had sufficient time to review your challenges.

STEP 1: Complete Parts I - III of the Request for Examination Review form (#08-4725) and submit to the division.

STEP 2: Work with division staff to schedule your review time.

STEP 3: Bring your challenge page(s) to your review.



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ADM

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Request for Examination Review

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Exam Review Fee	\$50.00
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PART II Personal Information

Full Legal Name:				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				

PART III Examination Information

Check the licensing program or board you are seeking licensure from below:				
<input type="checkbox"/> Big Game Commercial Services		<input type="checkbox"/> Marital and Family Therapy		<input type="checkbox"/> Mortuary Science
<input type="checkbox"/> Midwives		<input type="checkbox"/> Optometry		<input type="checkbox"/> Veterinary Examiners
<input type="checkbox"/> Psychologists and Psychological Associates				
Exam Title or Description:				
Date Exam Score Results Received:		Exam Score:		Passing Score:
Exam Review Schedule Preferences:	<input type="checkbox"/> Juneau	<input type="checkbox"/> Anchorage	<input type="checkbox"/> AM	<input type="checkbox"/> PM
			Month and Day:	
Signature:				Date Signed:

You will be contacted by a board or program staff member to schedule your exam review



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Examination Challenge Sheet

Bring These Pages to Your Examination Review.

Use this page to document the comment(s) that you will use to challenge the question(s) you answered incorrectly on the examination. This question challenge sheet will be reviewed by the division or licensing board in determining whether sufficient information exists to justify credit being warranted and potentially credited to your examination score.

You will only be given half the time to review the examination as was allowed during the initial exam. For example, if you were initially given two hours to complete the exam, you will only be given one hour to review the questions in the presence of division staff or the licensing board.

The division will not provide any indication of the correct answer, nor will they inform you at the time of the examination review whether you will be receiving credit. The results of your examination review will only be issued once the division or appropriate licensing board or staff has had sufficient time to review your challenges. You must not communicate any answers provided during this review to another individual, entity, or organization. All matters identified and discussed during this review process are to be kept confidential.

PART I Agreement

By providing your signature below, you are agreeing to keep all matters pertaining to this applicant and examination content confidential. You are not to discuss the outcome of the examination review with any individual or entity other than the applicant requesting the review and associated division staff and/or the division's designated examination review member(s).

Applicant Signature:

Date Signed:

Staff Signature:

Date Signed:

Exam Review Start
Time:

Exam Review End
Time:

PART II Challenge Information

Question Number
Challenged:

Basis for Challenge:

Question Number
Challenged:

Basis for Challenge:

PART II Challenge Information *(continued)***Question Number
Challenged:****Basis for Challenge:****Question Number
Challenged:****Basis for Challenge:****Question Number
Challenged:****Basis for Challenge:****Question Number
Challenged:****Basis for Challenge:****Question Number
Challenged:****Basis for Challenge:****Question Number
Challenged:****Basis for Challenge:**



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		